



Jose "Pepe" Diaz

Miami-Dade County Commissioner, District 12
Mom And Pop Small Business Grant Program

Application

Submit 1 original completed application with required attachments.

We suggest you keep a copy for your records.

Attention Business Owners

Mom and Pop Small Business Grant Program For Miami-Dade County District 12

Grant Money Available! Up to \$2,500 Per Business

Applications available
January 7, 2013 through January 25, 2013

PICK UP APPLICATIONS AT:

**Commissioner Jose "Pepe" Diaz's District Office
8345 NW 12 Street
Miami, FL 33126
Phone: 305-599-1200
Attn: Olga Fulgueira**

Applications online January 7, 2013 at www.miamidade.gov/district12

**There will be an information/workshop meeting explaining the
application and requirements held on, January 24, 2013, 6:00 p.m. at the
Fire Fighters Memorial Bldg., 8000 NW 21 Street
Please be on time!**

Completed applications will be accepted from Jan. 28 – Feb. 1, 2013 by 4:00pm
Hand deliver application to District Office
No late applications will be accepted!

For additional information contact: Lawanza Finney 305-756-0605
Neighbors And Neighbors Association (NANA)

Submit 1 original completed application with required attachments

We suggest you keep a copy also, for your records!

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MOM AND POP SMALL BUSINESS GRANT PROGRAM

Brief Description

The Miami Dade County Mom And Pop Small Business Grant Program was created in 1999 to provide financial and technical assistance to selected small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, advertising/marketing, inventory, building liability insurance, security systems, professional services, make minor renovations (commercial property only), and cargo van or pick up truck.
- Technical assistance is made available at no charge, to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program is offered in each 13 Miami Dade County Commission District, as a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the county district where your business is located. To locate your district where your business is located, please call 311 or visit www.miamidade.gov/commiss and click on "Who is my Commissioner?" enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

Mom and Pop Small Business Grant Program Miami-Dade County Districts 12

FY 2012-2013 Guidelines

Commissioner Jose “Pepe” Diaz Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

All businesses must be located in District 12 and meet the following eligible criteria:

- Submit one original application completed application with all requested attachments.
- Provide proof that the business has been operating for at least 1 year. (example: any old License, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
- City License if business is located in a municipality or paid receipt (City within the County) (include copy only).
- Must submit a current Local Business Tax receipt (Miami-Dade County Occupational License) or paid receipt. Business name on application must match one on license (include copy only). **If license not required by Miami-Dade County, applicant must provide written proof from Miami Dade County Tax Collector’s Department.**
- Application must be typed or handwritten only.
- A printed copy of your **active** State of Florida Corporation OR Fictitious Name a EIN # must be listed on State of Florida print out if business is incorporated (sunbiz.org).
- Must submit outside picture of business location (building, home office, or work vehicle).
- Provide copy of picture ID (driver’s license or Florida ID).
- **Tax Returns for 2010 or 2011 (please cut out any and all social security #'s before submitting applications.**
- A physical address is required. No P.O Box as mailing address allowed.
- Home – base businesses can apply.
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- If you have a DUNS # (Data Universal Numbering System), please list it on Section A of the Application Form. (To obtain a DUNS # please call 1.866.705.5711 or visit <http://fedgov.dnb.com/webform>. This number is issued at NO COST.)
- Businesses that complete job creation forms are required to create a new job. If a new job is NOT created, businesses are required to return all used funding.
- The Selection Committee has the right to request additional information, accept, or reject any and all applications.
- **An information meeting will be held on January 24, 2013 6:00pm at the Fire Fighters Memorial Building.**
-

AUTOMATIC DISQUALIFICATION:

- **Businesses that received funding 2 years in a row must sit out 1 year.**
- Must not be part of a national chain.
- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Must not have delinquent loan with Miami-Dade County or a County funded agency.
- Non-profit agencies can not apply.
- Cannot have more than seven (7) fulltime employees (2 part-time will count as 1 fulltime).

PLEASE BE AWARE OF THE FOLLOWING:**Recommended Information Meeting**

All businesses that are applying for funding can attend this meeting, which will explain the program requirements. Please be prepared to stay at least 2 hours, **all questions will be answered only at that time**. Attending the preliminary meeting does not guarantee that you will receive funding.

January 24, 2013, 6:00 p.m.

Fire Fighters Memorial Building, 8000 NW 21 Street

PLEASE BE ON TIME

If you plan to attend the meeting, please bring a copy of the application, copies may not be available.

We recommend that you do not complete the application before the above meeting.

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Commercial Liability Insurance
- Minor Interior / Exterior Renovations
- Security System
- Work Vehicle (pick up truck or cargo van)
- Professional Services

INELIGIBLE USE OF FUNDING:

- Rent / Lease or Mortgage
- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco or Medicine
- Salaries
- Debts
- Utility Bills
- And any and all others not listed in the eligible use above.

**FY 2012-2013
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name (as it appears on incorporation, if inc.)	
Business Address	
City & Zip Code	
Business Phone and Fax #	
Email Address	
Type of Business	
President Name or Owner , if not inc.	
President or Owner Home Address	
City & Zip Code	
Are you Female Head of Household?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Race Ethnicity (circle one)	White Black Asian American Indian Hispanic Other _____
Family Size (circle one)	1 2 3 4 5 6 7 8 9 10 Other # _____
Owner or President Total Household Gross Income for Last Year	\$ _____

<p>If you have a Data Universal Numbering System number, known as a DUNS number at the time of application please provide.</p> <p>If not, this 9 digit number will be REQUIRED by this program if your business is selected for funding.</p>	<p>_____</p> <p>Print DUNS Number Here</p>
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B. Amount Requested

Funding Request Amount	\$ _____
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C. BUSINESS INFORMATION

1. Describe your Business: _____

2. What kind of goods or services your business offers to the community? _____

3. What goals do you have for your business? _____

4. Briefly describe how the funds, if awarded, will be used to help grow your business: _____

5. List the names and titles of your Management Team and their years of experience in this field:

<u>NAME</u>	<u>TITLE</u>	<u>YEARS OF EXPERIENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____
2. Have you received Mom and Pop funding in the past? Yes _____ No _____
3. Are you or any of the shareholders employed by Miami-Dade County?
Yes _____ No _____
If yes, what department? _____
4. Do you have a past due loan with the County or any County funded Department or agency?
Yes _____ No _____
If yes, with whom? _____
5. Would you be willing to participate in any offered business workshop training?
Yes _____ No _____
6. If awarded the full amount allowed by the program, knowing that the funding can not be used for salaries/payroll, would you still be able to create a new job?
Yes _____ No _____

Will the new job be full-time? Yes _____ No _____

If yes, complete forms pages 12-13 and submit with the application.

E.**Current Employee Roster**

7. Number of employees? Full-time:_____ Part-time: _____ None: _____
8. Please provide the following information regarding your current employees(s):

Employee Name	Previously employed prior to hiring (Y or N)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	Family Household Size	**Demographics

*Job Title Officials and Managers, Technicians, Craft Works (Skilled), Labor (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Demographics W-White B-Black A-Asian AI-American Indian H-Hispanic O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____
Owner or President

DATE CERTIFIED: _____

Please add separate pages, if needed.



Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president
of _____
(Owner or President Name)

_____, whose business address
is _____
(Business Name)

_____,
(Business Address, City, State, Zip)

Are you currently an employee of Miami Dade County? Yes: _____ No: _____

If yes, what Department? _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Commission on Ethics. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 180 NW 62nd St., Miami, FL 33150 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

This page must be fully completed

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED

- One original completed application with attachments.
- Copy of the Miami-Dade County: Local business Tax Receipt (Occupational License) or Paid Receipt. **If license not required by Miami-Dade County please provide written proof from Miami Dade County Tax Collector's Department.**
- Copy of the City License if business is located in a municipality (City within the County).
- Print out active State of Florida Corporation or Fictitious Name from sunbiz.org if incorporated. EIN must be listed on State of Florida print out.
- Picture of business location (building, home office or work vehicle)
- Picture ID (Driver's License or Florida ID).
- Provide proof that the business has been operating for at least 1 year. (Example: any old license, state corporations, sales tax, or utility bill) or any legal document Proof must be in business name (include copy only).
- Tax Returns for 2010 or 2011 (please cut out any and all social security #'s before submitting applications).
- **If applicable**, Elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics.
- **If applicable**, enclose completed new job creation agreement and job compliance form to reimburse the funding if a new job is not created, within six (6) months after receiving funding.
- **If applicable**, provide your Data Universal Numbering System number (DUNS number).

Additional information may be requested to determine application eligibility.

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.

Signature

Date

**The following pages are to
be completed and
submitted ONLY if your
business will be able to
create a new job**

AGREEMENT

FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOB(S)

In order to receive the various forms of financial/Technical Assistance available through NANA, businesses must enter into an Agreement to make “available” and to “document” the job creation for the benefit of low-and moderate income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) make available 51% of the resulting jobs to low- and moderate-income individuals;
- 2) provide a list of the job titles of the permanent jobs expected to be created, which will be available to low/moderate-income individuals, which jobs require special skills or education, and which are part-time, if any;
- 3) provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that NANA will not provide all the assistance requested by your business until this Agreement is executed.

Signature of Applicant Agreed By

Date

Duns Number-**Required/Mandatory**
(To obtain a DUNS #, Please call 1-866-705-5711)

Leroy Jones, Neighbors And Neighbors Association, Inc.

Date

JOB COMPLIANCE FORM

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Being duly sworn, on my oath declares: That, I, _____ agree to create one new full-time or part-time job for a low to moderate income person if awarded the maximum amount under the Mom And Pop Small Business Grant Program within six months of my receipt of such award. If I fail to create the required new job within the agreed upon time period I will be in non-compliance and will be required to pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, _____, the undersigned Owner of _____, have signed this **JOB COMPLIANCE FORM** on this _____ day of _____, 2013, and acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of _____, 2013 by _____, who personally appeared
Signature

before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE